

**FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

FILING DATE

10/590410

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	8			/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	9	←	12	←		←
TOTAL CLAIMS	10		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.				↓		
TOTAL DEP.				←		←
TOTAL CLAIMS				←		←